

Title of Training – 1-10
Date of Training
Location of Training
Sponsored by Information

Your primary role as it applies to this training: ☐ Superintendent ☐ Principal
☐ Special Ed/Co-op Director ☐ Teacher ☐ Title I Teacher
☐ Special Education Teacher ☐ Curriculum Coordinator ☐ Consortium Director
☐ Librarian/Media Specialist ☐ Paraprofessional ☐ State Agency Staff
☐ Gifted and Talented Staff ☐ Parent ☐ Early Childhood Educator
☐ Other (specify) _____
☐ Support Staff (administrative assistant, bus driver, custodial staff, food service staff)
☐ Specialist (SLP, OT, PT, School Psych, School Counselor, Interpreter)

At what level do you work? (check all that apply)
☐ Birth-3 ☐ PRE-K ☐ K-5 ☐ 6-8 ☐ 9-12 ☐ K-8 ☐ K-12 ☐ Post Sec ☐ Adult

Do you work in a school that receives Title I funds and is identified for improvement, corrective action or restructuring? ☐ Yes ☐ No

Your school district is located in what Montana county? _____

Is your attendance at this workshop (check one) ☐ mandatory ☐ voluntary
Are you attending this workshop (check one) ☐ with a team ☐ alone

CONTENT	Strongly Agree				Strongly Disagree			
Overall, the presenters demonstrated thorough knowledge of the topic.	4	3	2	1				
The content presented was aligned with my needs.	4	3	2	1				
I will be able to apply what I learned.	4	3	2	1				
The workshop hands-on activities were useful.	4	3	2	1				
There was an opportunity for collaborative learning with other participants.	4	3	2	1				
PROCESS								
The teaching techniques used helped my learning.	4	3	2	1				
The materials used helped or enhanced my learning.	4	3	2	1				
The training activities were designed for diverse learning styles.	4	3	2	1				
The time allotted for the topic covered was appropriate.	4	3	2	1				
FACILITIES								
The workshop facilities and refreshments were adequate.	4	3	2	1				
Would you recommend this session to a colleague?	Yes				No			

Level II

Format:

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For each of the following statements, indicate how you would rate your knowledge level at the end of the session.
Please circle a response:

	Strongly Agree 4	3	2	Strongly Disagree 1
Objective 1				
Objective 2	4	3	2	1
Objective 3	4	3	2	1
Objective 4	4	3	2	1
Objective 5	4	3	2	1
Objective 6	4	3	2	1

As a result of participating in this workshop, list two strategies you can implement in your setting to improve student/child/client outcomes:

For future programs, what topics would be most helpful in performing your job?

What changes or improvements would you suggest to the:
 Presenter?

Organizer?

What additional resources, trainings, or supports do you need for implementing these strategies?

Any other comments?

Level II

Format: